

Inventory of Behavioral Dysexecutive Syndrome (shortened version for informant)

Date:...../...../ 202..

ASSESSED PERSON: Maiden name: Married name: First name:.....

INFORMANT age: ____ years Sex: M / F

Relationship: Spouse / Parent / Child / Sibling / Health professional / Other:

Contact frequency: daily / ≥ 6 times per week / 1 to 3 times per month / a few times per year:

We would like you to tell us in this questionnaire if there has been a **change in the behavior or personality** of the person assessed (called 'person' hereafter) compared to his/her previous behavior, that is to say, compared to his/her **behavior 5 years ago**. This questionnaire seeks, above all, modifications that **cannot be explained by problems of motor skills, language, sleep, or simple forgetfulness**.

To do this, we present 12 sections (1 per page) that all begin with a short text to which it is **imperative to answer YES or NO by circling the answer**. If the answer is **YES or if you have any doubts**, you must answer the **questions that follow the short text with YES or NO (by circling the answer)** and, above all, **estimate the frequency (1 to 4, corresponding from rarely to very often)** and the **severity (1 to 3, corresponding to mild to severe)** by circling the corresponding response.

The fields to be filled in are highlighted in gray for your convenience.

If you have any questions, please write them down and ask them during the consultation.

1. Reduction of activities

Compared to his/her previous behavior, does the person have **difficulty in spontaneously performing activities**, including simple activities of daily living, that he/she **could perform with no problem**¹?

This may result in a **reduction in spontaneous activities or the need to stimulate him/her to start an activity or to finish it.**

Circle: NO: go to the section on the next page

YES: (or in case of doubt): answer the additional questions indicated below

1. Has the person tended to reduce the level of his/her activity? **YES/NO**
2. Does he/she need to be encouraged to undertake new activities? **YES/NO**
3. Does the person have more difficulty starting activities of daily living? **YES/NO**
4. Does he/she tend to stop his/her activities before completion? **YES/NO**
5. Does he/she need to be stimulated to complete an activity in progress? **YES/NO**
6. Does the person spend most of his/her time doing passive activities, such as watching TV? **YES/NO**
7. Does he/she tend to only do what he/she is asked to do? **YES/NO**
8. Does he/she usually sit or lie down and do nothing? **YES/NO**

If the **answer to one question is YES**, circle the **frequency and severity** of this reduction in activities.

Frequency:

1. **Rarely** - less than once a week.
2. **Sometimes** - about once a week.
3. **Frequently** - several times a week, but not every day.
4. **Very often** - almost all of the time.

Degree of Severity:

1. **Mild** - the behavior is noticeable, but has little impact on everyday life.
2. **Medium** - the behavior is overt and can only be overcome with difficulty.
3. **Severe** - the behavior is virtually unresponsive to any intervention.

¹ with the exception of difficulties in waking up, which may be related to a sleep disorder (hypersomnia)

2. Anticipation-organization-initiation

Compared to his/her previous behavior, does the person have difficulties in carrying out projects or planning and organizing activities, initiating them, and carrying them out?

Circle: **NO:** go to the section on the next page

YES: (or in case of doubt): answer the additional questions indicated below

1. Does the person have more difficulties than before in planning what he/she will do in advance?

YES/NO

2. Is he/she unable to establish a work program for himself/herself or for someone else? **YES/NO**

3. Does he/she have more difficulty than before anticipating and organizing unusual activities (holidays, invitations, outings)? **YES/NO**

4. Does he/she have difficulty in undertaking new activities (new cooking recipe, new DIY)? **YES/NO**

5. Does the person have difficulty managing his/her budget, shopping, trips, appointments? **YES/NO**

6. Does he/she have more difficulty than before initiating customary activities (household chores, work)?

YES/NO

7. Is he/she abnormally dependent on those around him/her to do or initiate a project? **YES/NO**

8. Does the person just respond to environmental stimuli? **YES/NO**

If the **answer to one question is YES**, circle the **frequency** and **severity** of these modifications.

Frequency:

- 1. Rarely** - less than once a week.
- 2. Sometimes** - about once a week.
- 3. Frequently** - several times a week, but not every day.
- 4. Very often** - almost all of the time.

Degree of Severity:

- 1. Mild** - the behavior is noticeable, but has little impact on everyday life.
- 2. Medium** - the behavior is overt and can only be overcome with difficulty.
- 3. Severe** - the behavior is virtually unresponsive to any intervention.

3. Disinterest

Compared to his/her previous behavior, does the person feel his/her emotions less strongly? Does he/she lose interest in his/her activities? Is he/she more indifferent to those around her?

Circle: **NO:** go to the section on the next page

YES: (or in case of doubt): answer the additional questions indicated below

1. Does the person express emotions less strongly (joy, anger, sadness...)? **YES/NO**
2. Is he/she less interested in his/her usual activities? **YES/NO**
3. Does he/she have more difficulty expressing affection? **YES/NO**
4. Is he/she less interested in the activities and plans of others? **YES/NO**
5. Is the person more indifferent to his/her family or friends? **YES/NO**
6. Does he/she have less enthusiasm for new activities? **YES/NO**
7. Does he/she express fewer wishes or desires? **YES/NO**
8. Is he/she indifferent to his/her difficulties or his/her future? **YES/NO**

If the **answer to one question is YES**, circle the **frequency** and **severity** of this disinterest.

Frequency:

1. **Rarely** - less than once a week.
2. **Sometimes** - about once a week.
3. **Frequently** - several times a week, but not every day.
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Degree of Severity:

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4. Euphoria, joviality

Compared to his/her previous behavior, does the person feel his/her emotions more strongly? Does he/she manifest them too loudly? Does he/she show excessive familiarity?

Circle: **NO**: go to the section on the next page

YES: (or in case of doubt): answer the additional questions indicated below

1. Is the person sometimes too happy for no apparent reason? **YES/NO**
2. Does he/she have too strong a tendency to make puns or off-color jokes? **YES/NO**
3. Does he/she laugh exaggeratedly, even under circumstances that don't make others laugh? **YES/NO**
4. Is he/she sometimes too familiar, even with people that he/she does not know or only a little? **YES/NO**
5. Does the person make erotic comments too easily? **YES/NO**
6. Does he/she show excessive enthusiasm and a tendency to monopolize the attention of others? **YES/NO**
7. Is he/she moody and does his/her mood change too easily depending on the circumstances? **YES/NO**
8. Does the person tend to brag too much of his/her qualities, possessions, or knowledge? **YES/NO**

If the **answer to one question is YES**, circle the **frequency** and **severity** of these modifications.

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5. Irritability, aggressiveness

Compared to his/her previous behavior, is the person more impatient or impulsive? Does he/she get angry more easily?

Circle: **NO:** go to the section on the next page

YES: (or in case of doubt): answer the additional questions indicated below

1. Does the person have less regard for others? **YES/NO**
2. Is he/she less cooperative? **YES/NO**
3. Is he/she more stubborn and does he/she demand that everything be done in his/her own way? **YES/NO**
4. Does he/she refuse to be helped? **YES/NO**
5. Does the person have a worse temper and does he/she anger more easily? **YES/NO**
6. Is he/she more difficult to live with? Does he/she seek arguments? **YES/NO**
7. Does he/she scream, slam doors, or throw things? **YES/NO**
8. Is he/she threatening to those around him/her? Does he ever hit someone? **YES/NO**

If the **answer to one question is YES**, circle the **frequency** and **severity** of these modifications.

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6. Hyperactivity-distractibility-impulsivity

Compared to his/her previous behavior, does the person have excessive motor activity, with no goal? Does he/she get distracted easily? Does he/she seem to act impulsively without thinking?

Circle: **NO:** go to the section on the next page

YES: (or in case of doubt): answer the additional questions indicated below

1. Does the person have difficulty in sitting quietly without doing anything? **YES/NO**
2. Does he/she fidget and often wander around the house with no apparent purpose? **YES/NO**
2. Does he/she rummage around, emptying cupboards or drawers? **YES/NO**
3. Is he/she excessively talkative, passing easily from one subject to another? **YES/NO**
4. Does he/she have difficulty maintaining an ongoing activity? **YES/NO**
5. Does the person move too easily from one activity to another for no apparent reason? **YES/NO**
6. Does he/she tend to act without thinking, following impulses? **YES/NO**
8. Does the person often behave unpredictably? **YES/NO**

If the **answer to one question is YES**, circle the **frequency** and **severity** of these modifications.

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7. Perseveration and stereotypical behavior

Compared to his/her previous behavior, does the person tend to perseverate? Does he/she repeat the same activities, the same words, the same gestures several times, even if it is not necessary? If this tendency to perseverate is explained by forgetfulness (forgetting that he/she has already asked the question, forgetting that he/she has already told a story).

Circle: **NO:** go to the section on the next page

YES: (or in case of doubt): answer the additional questions indicated below

1. Does the person repeat identical activities day after day? **YES/NO**
2. Does he/she have more difficulty than most people in changing activities or behaviors, even if he/she has finished what he/she was doing and the circumstances justify a change? **YES/NO**
3. Does he/she limit his/her behavior to routine, repetitive activities? **YES/NO**
4. Does the person do certain activities in always the same way and in the same order? **YES/NO**
5. Does he/she often come back to the same ideas or the same conversational themes, regardless of the situation? **YES/NO**
6. Does the person find it difficult to stop doing something, even though he/she knows he/she should? **YES/NO**
7. Does he/she repeat words or phrases unrelated to the situation automatically without wanting to? **YES/NO**
8. Does he/she repeat the same movement over and over again without being able to stop it? **YES/NO**

If the **answer to one question is YES**, circle the **frequency** and **severity** of these modifications.

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8. Environmental dependence

Compared to his/her previous behavior, is the person unusually attracted to certain stimuli from the environment? Does he/she need to touch or pick up objects around him/her, to follow people who pass by, or to join in the conversation of people he/she does not know?

Circle: **NO:** go to the section on the next page

YES: (or in case of doubt): answer the additional questions indicated below

1. Does the person imitate the people who are in his/her environment? For example, does he/she get out of an elevator or a means of transport because someone else does? **YES/NO**
2. Does he/she pick up and manipulate objects only because they are around him/her **YES/NO?**
3. Is he/she easily distracted by people who pass by and does he/she watch them in an exaggerated way? **YES/NO**
4. Does he/she get involved in conversations with strangers or does he/she respond to questions put to other people? **YES/NO**
5. Does the person collect unusual objects that he/she wouldn't have collected before? **YES/NO**
6. Does he/she tend to hum songs that he/she hears on the radio or television more than before? **YES/NO**
7. Does he/she repeat the question just asked or words that he/she has just heard? **YES/NO**
8. Does he/she over-identify with television characters? **YES/NO**

If the **answer to one question is YES**, circle the **frequency** and **severity** of these modifications.

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9. Anosognosia-anosodiaphoria

Compared to his/her previous behavior, does the person tend to underestimate or ignore the deficits that he/she presents and their consequences in daily life? Has he/she made unrealistic plans for his/her future?

Circle: **NO**: go to the section on the next page

YES: (or in case of doubt): answer the additional questions indicated below

1. Does the person tend to underestimate his/her intellectual difficulties? **YES/NO**
2. Does he/she tend to underestimate his/her behavioral difficulties? **YES/NO**
3. Does he/she tend to underestimate his/her motor or sensory difficulties? **YES/NO**
4. is the person indifferent to resounding problems in his/her daily life? **YES/NO**
5. Does he/she attribute his/her difficulties to external circumstances or to other people? **YES/NO**
6. Does he/she sometimes deny difficulties that are nevertheless obvious to others? **YES/NO**
7. Does he/she claim not to be sick and not in need of care? **YES/NO**
8. Does he/she have unrealistic plans for the future? Does he/she mistakenly think that he/she can resume previous activities? **YES/NO**

If the answer to one question is YES, circle the frequency and severity of these modifications.

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10. Confabulations

Compared to his/her previous behavior, does the person have a capricious memory and tend to confuse events or people? Does he/she speak of events from the past as if they were present, or events that never happened as if they were real?

Circle: **NO:** go to the section on the next page

YES: (or in case of doubt): answer the additional questions indicated below

1. Does the person think he/she is in a different place than the one he/she is in (e.g., London instead of Paris, or at home instead of the hospital)? **YES/NO**
2. Does he/she think that he/she is in a different time than the one he/she is in? **YES/NO**
3. Does he/she mistake people he/she knows for themselves? **YES/NO**
4. Does he/she think he/she recognizes people he/she has never seen before? **YES/NO**
5. Does the person believe they have done things the day before they could not do (going to work when he/she was at home or in the hospital)? **YES/NO**
6. Does he/she give the impression of reliving events from his/her past? **YES/NO**
7. Does he/she believe that people who have died are still alive? **YES/NO**
8. Does he/she talk about events that never happened as if they actually happened? **YES/NO**

If the **answer to one question is YES**, circle the **frequency** and **severity** of these confabulations.

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11. Social conduct disorders

Compared to his/her previous behavior, does the person tend to behave in a way that is not suited to the social environment? How often does he/she act in a way that can harm him/her in the long run because he/she doesn't play by the rules?

Circle: **NO:** go to the section on the next page

YES: (or in case of doubt): answer the additional questions indicated below

1. Does the person have difficulty respecting the rules of social life? **YES/NO**
2. Does he/she demand immediate fulfillment of his/her desires without consideration of others? **YES/NO**
3. Does he/she say embarrassing things to those around him/her? **YES/NO**
4. Does he/she keep family or friends away because his/her way of acting hurts or irritates them? **YES/NO**
5. Does the person have frequent conflicts with those around them or with neighbors? **YES/NO**
6. Does he/she exhibit risky behavior (excessive speed, alcohol, etc.) that may be dangerous for him/her or others? **YES/NO**
7. Is he/she indifferent to the consequences of his/her actions? **YES/NO**
8. Has he/she broken the law? **YES/NO**

If the **answer to one question is YES**, circle the **frequency and severity** of these modifications.

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3. **Severe** - the behavior is virtually unresponsive to any intervention.

12. Sexual, sphincteric, and eating behaviors

Compared to his/her previous behavior, does the person have an unusual and socially inappropriate lack of control over his/her sexual, sphincter (urinary), or eating behaviors?

Circle: **NO:** go to the section on the next page

YES: (or in case of doubt): answer the additional questions indicated below

1. Has the person shown an increase in his/her sexual behavior? **YES/NO**
2. Does the person make unusual sexual requests of his/her usual sexual partner? **YES/NO**
3. Does the person exhibit socially inappropriate sexual behavior (such as annoying public proposals)? **YES/NO**
4. Does the person have an increased appetite with a tendency to eat whatever is at hand? **YES/NO**
5. Does the person have urinary and / or fecal incontinence that cannot be explained by a urological or intestinal problem? **YES/NO**
6. Does the person urinate in inappropriate places? **YES/NO**

If the **answer to one question is YES**, circle the **frequency** and **severity** of these disturbances.

Frequency:

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Degree of Severity:

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